

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**10/519289**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/	/					52		/				
3	/	/					53		/				
4	/	/					54		/				
5	/	/					55		/				
6	/	2					56						
7	/	1					57						
8	/	1					58						
9	/	1					59						
10	/	1					60						
11	/	1					61						
12	/	1					62						
13	/	1					63						
14	/	1					64						
15	/	1					65						
16	/	2					66						
17	/	1					67						
18	/	1					68						
19	/	1					69						
20	/	1					70						
21	/	1					71						
22	/	1					72						
23	/	1					73						
24	/	1					74						
25	/	4					75						
26	/	4					76						
27	/	12					77						
28	/	1					78						
29	/	1					79						
30	/	1					80						
31	/	1					81						
32	/	1					82						
33	/	1					83						
34	/	1					84						
35	/	1					85						
36	/	1					86						
37	/	1					87						
38	/	1					88						
39	/	1					89						
40	/	1					90						
41	/	1					91						
42	/	1					92						
43	/	1					93						
44	/	1					94						
45	/	1					95						
46	/	1					96						
47	/	1					97						
48	/	1					98						
49	/	1					99						
50	/	1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	24	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	27					